

# FORM 1

# STATEMENT OF

2007

## FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

KEBSAMEN, CRUZZT B.

MAILING ADDRESS :

18201 CHESAPEAKE COURT

CITY :

ZIP :

COUNTY :

FORT MYERS, 33908, LEE

NAME OF AGENCY :

LEE MEMORIAL HEALTH SYSTEM

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHIEF MEDICAL OFFICER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No

Conf. Code

P. Req. Code

### \*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*

#### DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2007

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

#### MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

#### PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
LEE MEMORIAL HEALTH SYSTEM	FORT MYERS	HEALTH SYSTEM

#### PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

#### PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

N/A

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**OTHER FORMS** you may need to file are described on page 6.

## TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

## NAME OF CREDITOR

ADDRESS OF CREDITOR

NORTHERN TRUST BANK

FORT MYERS OFFICE

BUSINESS ENTITY # 1

**BUSINESS ENTITY # 2**

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITY
$$\sim 1/A$$

ADDRESS OF  
BUSINESS ENTITY

### PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY
<p>1. <u>Director</u></p> <p>2. <u>Chairman</u></p> <p>3. <u>President</u></p> <p>4. <u>Chief Executive Officer</u></p> <p>5. <u>Chief Financial Officer</u></p> <p>6. <u>Chief Operating Officer</u></p> <p>7. <u>Chief Marketing Officer</u></p> <p>8. <u>Chief Technology Officer</u></p> <p>9. <u>Chief Legal Officer</u></p> <p>10. <u>Chief Human Resources Officer</u></p> <p>11. <u>Chief Information Officer</u></p> <p>12. <u>Chief Compliance Officer</u></p> <p>13. <u>Chief Risk Officer</u></p> <p>14. <u>Chief Sustainability Officer</u></p> <p>15. <u>Chief Security Officer</u></p> <p>16. <u>Chief Privacy Officer</u></p> <p>17. <u>Chief Data Officer</u></p> <p>18. <u>Chief Innovation Officer</u></p> <p>19. <u>Chief Product Officer</u></p> <p>20. <u>Chief Customer Officer</u></p> <p>21. <u>Chief Supply Chain Officer</u></p> <p>22. <u>Chief Procurement Officer</u></p> <p>23. <u>Chief Quality Officer</u></p> <p>24. <u>Chief Manufacturing Officer</u></p> <p>25. <u>Chief Logistics Officer</u></p> <p>26. <u>Chief Distribution Officer</u></p> <p>27. <u>Chief Sales Officer</u></p> <p>28. <u>Chief Revenue Officer</u></p> <p>29. <u>Chief Business Development Officer</u></p> <p>30. <u>Chief Partnerships Officer</u></p> <p>31. <u>Chief Government Affairs Officer</u></p> <p>32. <u>Chief Public Affairs Officer</u></p> <p>33. <u>Chief Communications Officer</u></p> <p>34. <u>Chief Investor Relations Officer</u></p> <p>35. <u>Chief Mergers and Acquisitions Officer</u></p> <p>36. <u>Chief Restructuring Officer</u></p> <p>37. <u>Chief Turnaround Officer</u></p> <p>38. <u>Chief Bankruptcy Officer</u></p> <p>39. <u>Chief Liquidation Officer</u></p> <p>40. <u>Chief Reorganization Officer</u></p> <p>41. <u>Chief Restructuring Officer</u></p> <p>42. <u>Chief Turnaround Officer</u></p> <p>43. <u>Chief Bankruptcy Officer</u></p> <p>44. <u>Chief Liquidation Officer</u></p> <p>45. <u>Chief Reorganization Officer</u></p> <p>46. <u>Chief Restructuring Officer</u></p> <p>47. <u>Chief Turnaround Officer</u></p> <p>48. <u>Chief Bankruptcy Officer</u></p> <p>49. <u>Chief Liquidation Officer</u></p> <p>50. <u>Chief Reorganization Officer</u></p>

**I OWN MORE THAN A 5% INTEREST IN THE BUSINESS**

NATURE OF MY OWNERSHIP INTEREST

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE (required):**

ired):

*CB Whummer*

**DATE SIGNED (required):**

IED (required):  
06/01/08

## FILING INSTRUCTIONS:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

**If you have nothing to report** in a particular section, you must write "none" or "n/a" in that section(s).

**Facsimiles will not be accepted.**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees**  
file with the Commission on Ethics, P.O. Drawer  
15709, Tallahassee, FL 32317-5709; physical  
address: 3600 Maclay Blvd. South, Suite 201,  
Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.